

U.S. Department of Education

**Staff Report
to the
Senior Department Official
on
Recognition Compliance Issues**

RECOMMENDATION PAGE

1. **Agency:** Accreditation Commission for Midwifery Education (1982/2006)
(The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)
2. **Action Item:** Petition for Continued Recognition
3. **Current Scope of Recognition:** The accreditation and pre-accreditation of basic certificate, basic graduate nurse-midwifery, direct entry midwifery, and pre-certification nurse-midwifery education programs, including those programs that offer distance education.
4. **Requested Scope of Recognition:** The accreditation and pre-accreditation of basic certificate, basic graduate nurse-midwifery, direct entry midwifery, and pre-certification nurse-midwifery education programs, including those programs that offer distance education.
5. **Date of Advisory Committee Meeting:** June, 2012
6. **Staff Recommendation:** Continue the agency's recognition, and require the agency to come into compliance within 12 months and submit a compliance report that demonstrates the agency's compliance with the issues identified below.

Grant the agency's request for a contraction of scope.
7. **Issues or Problems:**
The agency must provide additional information and documentation regarding the training/orientation of its SVP members, BOR members, and BOC members, including in the area of distance education.
[602.15(a)(2)]

The agency must demonstrate that it has an effective mechanism in place to ensure compliance with its definition of a public member for members of the BOC, BOR, and appeals panel. [602.15(a)(5)]

The agency must demonstrate that the BOR assesses the compliance of programs with the agency's student achievement standard. [602.16(a)(1)(i)]

The agency must provide information on its revised criteria related to recruiting, academic calendars, and catalogs once those criteria have been formally accepted. The agency also needs to provide documentation of its application of the new criteria. [602.16(a)(1)(vii)]

The agency must demonstrate that the BOR considers a record of student complaints received by, or available to, the agency in making its accreditation decision. [602.16(a)(1)(ix)]

The agency must demonstrate that it has an effective mechanism for providing a program with a detailed written report that assesses a program's performance with respect to student achievement. [602.17(f)]

The agency must demonstrate that, and how, it periodically collects and analyzes fiscal information, as required by this criterion. [602.19(b)]

The agency must provide evidence of its review of a program reporting a 25% increase or decrease in enrollment, or indicate it has not had an opportunity to apply its policy. [602.19(c)]

The agency must clarify its policy regarding the required timeframe for coming into compliance with its standards. [602.20(a)]

The agency must provide more information/documentation regarding the enforcement actions specified in this section regarding extensions for good cause. [602.20(b)]

EXECUTIVE SUMMARY

PART I: GENERAL INFORMATION ABOUT THE AGENCY

ACME serves as an autonomous body within the American College of Nurse Midwives (ACNM) with respect to the development, review, evaluation, and administration of all policies and procedures related to the accreditation of programs offering midwifery education. The ACNM is the professional association for certified nurse midwives in the United States and its territories. ACME conducts ACNM's accrediting activities and currently accredits 39 programs located in 25 states, the District of Columbia, and Puerto Rico.

Accreditation by ACME provides eligibility for participation in various funding programs offered by the the U.S. Department of Health and Human Services, including its Advanced Education Nursing Traineeship Program and its National Health Service Corps Scholarship Program.

Recognition History

The agency, through its predecessor, ACNM's Division of Accreditation (DOA), was first recognized by the U.S. Secretary of Education in 1982 and has received periodic renewal of recognition since then. The agency was last reviewed for continued recognition at the Spring 2006 Advisory Committee meeting. At that time, it was granted continued recognition for a period of three years and requested to submit an interim report by June 2007. The National Advisory Committee reviewed and accepted the report at its December 2007 meeting.

PART II: SUMMARY OF FINDINGS

§602.15 Administrative and fiscal responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition.

The agency meets this requirement if the agency demonstrates that--

(a) The agency has--

(2) Competent and knowledgeable individuals, qualified by education and experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence education;

A Site Visitor Panel (SVP) makes on-site reviews to verify the evidence in a program's self-study, which takes the form of a Preaccreditation Report (PAR) or a Self-Evaluation Report (SER), as a part of the pre-accreditation or accreditation process. The agency's Board of Review (BOR) is then tasked with evaluating a program's PAR/SER and reviewing the information that has been provided by the site visitors for purposes of granting preaccreditation/accreditation status. The agency's BOC is not involved in accreditation decisions, but is instead responsible for the administration of the agency's activities, formulation of policy, and the development of accreditation criteria. The BOR and BOC have different members, with the exception of the chair of the BOC, who serves as a liaison to the BOR.

SVP:

The agency's policy manual specifies the selection, qualifications, tenure, and responsibilities of site visitors and site visit coordinators, as well as training requirements. Sample agendas from site visitor training workshops were provided by the agency, but did not include information regarding distance education. More information is needed in this area. A list of the current SVP members provided in another section (see Exhibit 43) indicates that there are currently 21 active panel members, plus four inactive members. All of the members are certified nurse midwives. All have at least a master's degree, and many hold doctorates.

BOR:

BOR members are required to serve a six-month orientation period, which includes at least one orientation meeting, prior to beginning their three-year terms. Exhibit 43 lists eight current BOR members. All, except the public member, are certified nurse midwives. All, including the public member, hold

master's degrees, and most hold doctorates. The agency's policy manual specifies the selection, qualifications, tenure, and responsibilities of BOR members, as well as the pre-service orientation requirement. However, no information was provided by the agency regarding ongoing BOR training or the orientation meeting that is mentioned in the manual, and no information was provided regarding training related to reviewing distance education programs. More information is needed in this area.

BOC:

Exhibit 43 lists eight members on the current BOC. All, except the public member, are certified nurse midwives. All, including the public member, hold master's degrees, and most hold doctorates. The agency's policy manual specifies the selection, qualifications, tenure, and responsibilities of BOC members. However, no information was provided by the agency regarding ongoing BOC training or orientation. More information is needed in this area.

Appeals Panel:

The agency's policy manual specifies that programs may appeal accrediting decisions via an ad hoc appeals panel, which consists of four members chosen from the agency's BOC. The qualifications of the BOC are covered in the agency's policy manual. However, no information was provided as to how the members of the BOC are trained for their role as appeals panel members. More information is needed in this area.

Staff determination: The agency does not meet the requirements of this section. The agency must provide additional information and documentation regarding the training/orientation of its SVP members, BOR members, its BOC members, and the BOC members who serve as members of the agency's ad hoc appeals panel, including in the area of distance education.

Analyst Remarks to Response:

In its response, the agency notes that its policy manual stipulates that orientation/training will be conducted by the BOC and BOR chairs (including for SVP members). However, no documentation was provided showing that this required orientation/training has taken place. The agency references in its narrative two exhibits (166 – ACME Workshop Criteria Power Point and 168 – Sample SV Workshop Handouts) that were not attached. While the agency provided a list showing which BOC/BOR/SVP members are considered proficient in distance education, no information was provided as to how this determination was made or how other members who lacked this proficiency would be trained. Additional information and documentation are still needed in this area.

The agency notes that it has not yet had an occasion to form an appeals panel, but states that in order to prepare the members of such a panel, the agency could potentially seek input from an attorney and might conduct a mock appeal in order to familiarize the BOC members who would serve as appeals panel members with their responsibilities.

Staff determination: The agency does not meet the requirements of this section. The agency must provide additional information and documentation regarding the training/orientation of its SVP members, BOR members, and BOC members, including in the area of distance education.

(5) Representatives of the public on all decision-making bodies; and

The agency's policies require that a public member serve on its BOR and BOC. The agency provided a complete listing of its current BOR and BOC members, and both groups include public members. The BOC's public member is employed at a state department of education. The BOR's public member is a self-employed educational consultant. However, since the agency's ad hoc appeals panels are made up of four members apparently chosen at random from the agency's BOC, it is not clear that every appeals panel would be required to include a public member. Documentation of such a policy is requested.

The agency's definition of a public member, as described in the narrative, is in accord with the Secretary's definition. However, the policy manual does not include all the elements in the definition. In addition, the agency did not provide sufficient information about its nomination and vetting process to demonstrate that its public members meet all of the elements of the definition, including paragraph (3).

Staff determination: The agency does not meet the requirements of this section. The agency must document that its policies specify that every ad hoc appeals panel will be required to include a public member. It must also revise its definition of public member to be consistent with the Secretary's and demonstrate that it has an effective mechanism in place to ensure compliance with the regulatory definition of a public member for those members of the BOC, BOR and appeals panel.

Analyst Remarks to Response:

In response to the draft staff analysis, the agency revised its policy manual to specify that any appeals panel would include a public member (Exhibit 124, p. 84). The agency has revised its definition of a public member to be consistent with the Secretary's definition of a public member (Exhibit 124, pp. 28-29). However, no information was provided as to the agency's nomination and vetting process to demonstrate that its public members meet all of the elements of the definition, as requested in the draft staff analysis.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has an effective mechanism in place to ensure compliance with its definition of a public member for members of the BOC, BOR, and appeals panel.

§602.16 Accreditation and preaccreditation standards

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -

- (1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:**
 - (i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.**
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The agency's expectations regarding student achievement are found in Criterion VI and sub-criteria (Assessment and Outcomes) As noted in 602.16(a)(2), the agency's preaccreditation standards are similar to the agency's accreditation standards.

Requirements under Criterion VI and its sub-criteria specify that accredited programs must have a comprehensive plan for ongoing assessment of the mission/purpose and objectives/outcomes necessary to achieve quality improvement. The plan must include ongoing data collection and analysis to achieve program improvement. The sub-criteria are detailed and specific about what the assessment process should include. Required data elements include results of employer and student surveys, enrollment, graduation, certification, and other relevant outcome data for the past three years. The program must also publicize data on student outcomes.

The petition narrative states that the agency has established an 85% AMCB national certification exam pass rate as a benchmark. While this requirement is not included in the agency's criteria documents, it is published in the agency's policy manual (Exhibit 92, p. 75). The agency appears not to have established any benchmarks for the other required data. It is not clear how the agency uses the data it requires programs to provide in its overall assessment of student achievement.

The agency provided sample self-studies and site team reports. The self-studies include detailed information about the program's success with regard to student achievement, and the site team reports indicate that each applicable area of the self-study was reviewed. The role of the agency's site teams is limited to verifying the information in the self-study reports, and the BOR is charged with evaluating programs for the purpose of granting accreditation or

preaccreditation.

However, the agency did not provide sufficient information or documentation demonstrating that and how the BOR assesses the compliance of programs with the agency's student achievement (Assessment and Outcomes) standard, including its assessment of the quality of the program's assessment plan, its data collection methods, or actual data. An institution may establish goals or benchmarks in its assessment plan (though it appears that not all programs do so), but these are not assessed by the agency as to their appropriateness.

The sample review form completed by one of the primary readers (exhibit 71, dated 6/10/10) was structured around the previous standards, and did not include a review of the current Assessment and Outcomes standard. The minutes of BOR meetings at which accreditation reviews were conducted contain only minimal information about the member's review/discussion. For example, the minutes of the January 2011 meeting (exhibit 87) regarding one program's review for continued accreditation state, in their entirety: "Readers M. Long and J. Hensley noted that after additional information had been submitted, the many documents made it a difficult program to review. Data did not always come from the review period, specifically, the most recent class graduate outcomes is unknown. As this criterion wasn't met, a progress report is needed, and the report will be reviewed at the next BOR."

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that the BOR assesses the compliance of programs with the agency's student achievement standard.

Analyst Remarks to Response:

In its response, the agency provided additional information regarding its requirement that programs achieve an 85% pass rate on the AMCB exam. Pass rates are collected during the course of the accreditation process and are also collected on the agency's annual report form. The agency is in the process of revising its forms to automatically calculate the pass rates. Programs that do not meet the benchmark are required to provide an explanation, which is being more carefully tracked than it was in the past. Programs that do not meet the benchmark are subject to corrective action, at the agency's discretion. The agency notes that in the case of very small programs, one person failing the exam can lower the overall pass rate dramatically, and in such cases corrective action may not be taken.

The draft staff analysis also cited an issue regarding benchmarks for other required data, including results of employer and student surveys, enrollment, graduation, certification, and other relevant outcome data for the past three years. The draft staff analysis noted that the agency appeared not to have established any benchmarks for this additional required data and that it was not clear how the agency used the data it requires programs to provide in its overall assessment of student achievement. In response to this issue, the agency notes that it is in the process of revising its criteria, but that they are not final at this

time. The agency will need to provide additional information and documentation regarding this issue after its criteria have been finalized.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that the BOR assesses the compliance of programs with the agency's student achievement standard.

(a)(1)(vii) Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.

The agency's expectations regarding recruiting and other practices are found in several of its criteria. As noted in 602.16(a)(2), the agency's preaccreditation standards are similar to the agency's accreditation standards.

Criterion I (Organization and Administration) requires that policies, requirements, and public disclosure data for the program must be accurately described in the institution's representations to the public, including: ACME preaccreditation status, to include ACME's address, phone number, and email address; certificates/degrees that may be earned; academic policies, including admission, continuation, and graduation requirements; and tuition, fees, refund policies, and related costs such as texts, technology, and clinical site expenses; transfer of credit policies.

Criterion III (Students) requires that: the institution must have admission criteria and policies, including a nondiscrimination policy, that is publicly available; that student policies will be publicly available and identified to entering students regarding student evaluation, progression, retention, dismissal and graduation, review of personal records, equitable tuition refund, and evaluation; students will be informed of their progress on an ongoing basis; and student rights and responsibilities will be available in written form.

Criterion IV (Curriculum and Student Learning) requires that the programs have established criteria regarding prerequisites, corequisites, and transfer of credits.

Staff was unable to locate information in the agency's preaccreditation or accreditation criteria that specifically addressed recruiting, academic calendars, or catalogs. More information is needed in these areas.

The agency provided sample self-studies and site team reports. The self-studies include detailed information about the program's recruiting and other practices, with the exceptions noted above, and the site team reports indicate that each applicable area of the self-study was reviewed. However, the agency did not provide any information or documentation that the BOR assesses the compliance of programs with the agency's various standards related to recruiting and other practices.

Staff determination: The agency does not meet the requirements of this section. The agency must provide more information regarding how its criteria address recruiting, academic calendars, and catalogs. The agency must also demonstrate that the BOR assesses the compliance of programs with the agency's standards related to recruiting and other practices.

Analyst Remarks to Response:

In response to the issues raised in the draft staff analysis, the agency has revised its criteria related to recruitment and admissions practices, as well as its criteria related to academic calendars and catalogs, and is currently in the process of communicating the changes to the programs for input. Additional information will be needed on those revisions once they have been formally accepted.

Staff determination: The agency does not meet the requirements of this section. The agency must provide information on its revised criteria related to recruiting, academic calendars, and catalogs once those criteria have been formally accepted. The agency also needs to provide documentation of its application of the new criteria.

(a)(1)(ix) Record of student complaints received by, or available to, the agency.

The agency's expectations regarding student complaints are found in Criterion III and its sub-criteria (Students). As noted in 602.16(a)(2), the agency's preaccreditation standards are similar to the agency's accreditation standards.

Requirements under Criterion III and its sub-criteria specify that programs must have clearly defined mechanisms for consideration of grievances, complaints, or appeals. Programs are required to describe their mechanisms for addressing grievances, complaints, or appeals, as well as how students are informed of these mechanisms. Accredited programs are required to provide documentation of grievances, complaints, or appeals from the three years prior to the SER. As documentation, the program must provide documents regarding grievances, complaints, or appeals for review by the site visitors.

The agency provided sample self-studies and site team reports. The self-studies include detailed information about the program's student complaints, and the site team reports indicate that each applicable area of the self-study was reviewed. However, the agency did not provide any information or documentation that the BOR reviews a record of student complaints received by, or available to, the agency in making its accreditation decision.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that the BOR reviews a record of student

complaints received by, or available to, the agency in making its accreditation decision.

Analyst Remarks to Response:

In its response to the draft staff analysis, the agency provided information about the site teams' process for reviewing a program's handling of student complaints, which includes meeting with students. In addition, the program is required to include in its SER information about complaints and their resolution. This information is provided to the BOR. The agency's documentation (sample SER and SVR) demonstrates these aspects of its review. The agency has stated that documentation of the BOR's review of a program's compliance with various standards is not found in the BOR minutes, which do not contain transcripts of the BOR discussions, but is instead evidenced by agency communications with the programs, which include areas of BOR concern. However, the agency has not provided any evidence that demonstrates that the BOR considers the record of student complaints in order to identify possible problems with a program's compliance with any of its standards.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that the BOR considers a record of student complaints received by, or available to, the agency in making its accreditation decision.

§602.17 Application of standards in reaching an accrediting decision.

The agency must have effective mechanisms for evaluating an institution's or program's compliance with the agency's standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it--

(f) Provides the institution or program with a detailed written report that assesses--

- (1) The institution's or program's compliance with the agency's standards, including areas needing improvement; and**
- (2) The institution's or program's performance with respect to student achievement;**

and

Compliance with standards:

As noted previously, following the BOR's decision, a letter is sent to the appropriate officer of the institution specifying the criteria to be addressed in a mandatory progress report. The agency's policy manual (Exhibit 92, p. 46) specifies that the mandatory progress report is expected to address each criterion separately and in order as laid out in the agency's Criteria document. The policy manual, under Appendix F, also provides specific instructions for the

preparation of the report. The agency provided sample BOR letters that clearly identify areas of noncompliance and request progress reports.

Student achievement:

As noted under 602.16(a)(1)(i), the agency's Criterion IV (Assessment and Outcomes) requires programs to provide enrollment, graduation, certification, and other relevant outcome data to the agency. The agency provided documentation (exhibit 49) of its communication to a program that failed to provide all of the required information, directing it to submit a progress report. However, this criterion requires the agency to provide a detailed written report addressing a program's performance with respect to student achievement whether or not the program meets the agency's standard. Neither the agency's site team report, nor the accreditation action letters, thoroughly assess the program's performance with respect to student achievement, both with regard to the required data elements, but also with regard to the appropriateness of the program-established expected outcomes.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has an effective mechanism for providing a program with a detailed written report that assesses a program's performance with respect to student achievement.

Analyst Remarks to Response:

In its response, the agency states that it is in the process of developing procedures that will clarify the BOR's findings in order to provide programs with an assessment of performance in relation to student achievement and program-established outcomes. The agency states that it will be able to provide this information by June 2013. More information will be needed in this area at that time.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that it has an effective mechanism for providing a program with a detailed written report that assesses a program's performance with respect to student achievement.

§602.19 Monitoring and reevaluation of accredited institutions and programs.

(b) The agency must demonstrate it has, and effectively applies, a set of monitoring and evaluation approaches that enables the agency to identify problems with an institution's or program's continued compliance with agency standards and that takes into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(f). This

provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.

The agency has a set of monitoring and evaluation approaches that include annual reports, reviews of substantive changes, progress reports, and follow up visits. The agency's policy manual (Exhibit 92, pp. 74-75) specifies that every preaccredited/accredited program is required to submit an Annual Monitoring Report Form. The forms are reviewed by the BOC and BOR chairs, who make decisions as to any concerns that need to be brought to the attention of the BOR for review and action. The form includes a section on demographics, yielding information about retention and graduation rates, as well as questions related to each section of the agency's preaccreditation/accreditation criteria. Programs that report certification exam pass rates less than the agency's required benchmark of 85%, and increases or decreases in enrollment of 25% compared with the previous year are required to append additional information as designated on the form. However, the agency does not appear to collect and analyze fiscal information, as is required by the criterion.

As an additional form of monitoring, the agency requires its programs to report significant substantive changes and has included in its Policies and Procedures Manual examples of changes that it considers significant. The reports are reviewed by the BOR to determine if further review, which might include a site visit, is warranted.

The agency provided a copy of an annual report. However, the agency did not provide evidence of its effective review of annual reports and substantive changes.

Staff Determination: The agency does not meet the requirement of this section. The agency must provide evidence of its effective review of annual reports and substantive changes to identify problems with a program's continued compliance with its standards, and demonstrate that and how it periodically collects and analyzes fiscal information, as required by this criterion.

Analyst Remarks to Response:

In its response, the agency provided sample BOC minutes in which the board discussed the results of annual reports, as well as emails from the agency's staff regarding the transmission of annual reports from the agency to board members. The agency also submitted several sample letters from the BOR to programs regarding substantive changes and continued compliance with the agency's standards. No additional information is needed in this area.

The draft staff analysis also requested that the agency demonstrate that it periodically collects and analyzes fiscal information. This was not addressed in the agency's response or exhibits. Additional information is still needed in this area.

Staff determination: The agency does not meet the requirements of this section. The agency must demonstrate that, and how, it periodically collects and analyzes fiscal information, as required by this criterion.

(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect headcount enrollment data from those institutions or programs.

As noted in the prior section, the agency requires each of its preaccredited/accredited programs to submit an annual report using a standardized form provided by the agency. The first section of the agency's annual report form is devoted to information related to demographics for a specified calendar year, including questions related to enrollment. Additionally, if the number of students has increased or decreased by 25% compared to the prior year, the program must provide a separate description of how that has influenced the program in areas such as finances, clinical experiences, and the number of faculty, and its ability to continue to meet the agency's criteria.

The agency provided a sample copy of a completed monitoring report as documentation of its compliance with the requirements of this section. However, it did not provide evidence of its review of a program reporting a 25% increase or decrease in enrollment.

Staff Determination: The agency does not meet the requirement of this section. The agency must provide evidence of its review of a program reporting a 25% increase or decrease in enrollment, or indicate it has not had an opportunity to apply its policy.

Analyst Remarks to Response:

As noted in the prior section, the agency requires each of its preaccredited/accredited programs to submit an annual report using a standardized form provided by the agency. The first section of the agency's annual report form is devoted to information related to demographics for a specified calendar year, including questions related to enrollment. Additionally, if the number of students has increased or decreased by 25% compared to the prior year, the program must provide a separate description of how that has influenced the program in areas such as finances, clinical experiences, and the number of faculty, and its ability to continue to meet the agency's criteria.

The agency provided a sample copy of a completed monitoring report as documentation of its compliance with the requirements of this section. However, it did not provide evidence of its review of a program reporting a 25% increase or decrease in enrollment.

Staff Determination: The agency does not meet the requirement of this section.

The agency must provide evidence of its review of a program reporting a 25% increase or decrease in enrollment, or indicate it has not had an opportunity to apply its policy.

§602.20 Enforcement of standards

(a) If the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must--

(1) Immediately initiate adverse action against the institution or program; or

(2) Require the institution or program to take appropriate action to bring itself into compliance with the agency's standards within a time period that must not exceed--

(i) Twelve months, if the program, or the longest program offered by the institution, is less than one year in length;

(ii) Eighteen months, if the program, or the longest program offered by the institution, is at least one year, but less than two years, in length; or

(iii) Two years, if the program, or the longest program offered by the institution, is at least two years in length.

The agency's policies regarding actions that may be taken against a preaccredited or accredited program by the BOR following an accreditation review are listed in its policy manual (Exhibit 92, pp. 43-46). The policies appear related only to actions taken as a result of a regularly-scheduled review, rather than to actions that might be necessary due to circumstances arising between reviews. The manual specifies that programs may be subject to denial, deferral, warning, probation, or withdrawal proceedings. The policies do not specify that noncompliance will result in immediate adverse action. Although the agency states in its narrative that all programs, regardless of length, must come into compliance within 12 months, ED staff is unable to find any time limitations stated in the policy manual. More information/documentation is needed in this area.

The sample BOR decision letter (exhibit 40) notified a program of the need to address six criteria that were not fully met, in a progress report to be submitted in approximately four months. However, the agency did not provide any information or documentation about its review of the progress report and subsequent action.

Staff determination: The agency does not meet the requirements of this section. The agency must provide more information/documentation regarding the enforcement timelines specified in this section, including not only timelines related to adverse action taken as a result of a program's regularly scheduled

preaccreditation/accreditation review, but also adverse actions taken throughout the entire period of preaccreditation/accreditation.

Analyst Remarks to Response:

The agency states that it has revised its policy manual in response to issues raised in the draft staff analysis. Although the agency has clarified that one purpose of the BOR is to monitor programs' continued compliance with the agency's preaccreditation/accreditation standards and criteria (Exhibit 124, p. 35), all of the policies described in the agency's narrative still appear related to actions taken as the result of a regularly scheduled review, rather than to actions that might be necessary due to circumstances arising between reviews. Additional information is needed in this area.

The policy manual contains conflicting information about the timetable for a program to come into compliance with the agency's standards. At one point it says that the timetable may not exceed 12 months (Exhibit 124, top of p. 45 and p. 46-47). At another point it says: "If the full time program is less than one year in length, the program may have no more than 12 months to come into compliance. If the full time program is more than one year but less than two years in length, the program may have no more than 18 months to come into compliance. If the full time program is at least two years in length, the program may have no more than 24 months to come into compliance." (Exhibit 124, end of the first full paragraph, p. 45). The policy also states that failure to be in compliance with the preaccreditation/accreditation criteria will result in the agency immediately initiating an adverse action against the program (Exhibit 124, p. 45).

The agency provided a copy of its revised policy manual as an exhibit. Under 602.20(a), the agency states that since its last review by the Department, it has not issued a warning, probation, denial, or withdrawal.

Staff determination: The agency does not meet the requirements of this section. The agency must clarify its policy regarding the required timeframe for coming into compliance with its standards.

(b) If the institution or program does not bring itself into compliance within the specified period, the agency must take immediate adverse action unless the agency, for good cause, extends the period for achieving compliance.

The agency's policies regarding actions that may be taken against a preaccredited or accredited program by the BOR following an accreditation review are listed in its policy manual (Exhibit 92, pp. 43-46). As noted in the previous section, the agency's policies do not specify that noncompliance will result in immediate adverse action. Neither do the policies address extensions

for good cause. The only extension addressed in the agency's policies is under Deferral of Action, which states that if evidence that a program has submitted to the BOR is insufficient for the BOR to reach a decision, the BOR may defer action for six months, or until the next BOR meeting, in order to request that the program submit additional documentation. More information/documentation is needed regarding the agency's compliance with the requirements of this section.

Staff determination: The agency does not meet the requirements of this section. The agency must provide more information/documentation regarding the enforcement actions specified in this section regarding extensions for good cause.

Analyst Remarks to Response:

In the draft analysis, staff noted that the agency's policies did not address extensions for good cause and that the only extension addressed in the agency's policy manual was a deferral in cases where the program had submitted insufficient evidence to the BOR for it to make a decision. The agency has amended its policy manual's section on Accreditation Actions to state that an extension of the time period for a program to come into compliance may be granted by the BOR for good cause (Exhibit 124, p. 47). However, the agency's revised policies do not provide any guidance regarding the length of time for an extension, rationale for granting/denying an extension, limitations on further extensions, etc. Additional information is needed in this area. The agency provided no documentation related to the requirements of this section.

Staff determination: The agency does not meet the requirements of this section. The agency must provide more information/documentation regarding the enforcement actions specified in this section regarding extensions for good cause.

PART III: THIRD PARTY COMMENTS

Staff Analysis of 3rd Party Written Comments

There is no Staff Analysis of 3rd Party Written Comments